

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION
COMMISSION ON ACCREDITATION**

EVALUATION TEAM REPORT

**DEPARTMENT OF CHIROPRACTIC AND SOMATOLOGY
DURBAN UNIVERSITY OF TECHNOLOGY
DURBAN, SOUTH AFRICA
10-13 September 2012**

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1. EXECUTIVE SUMMARY

- 1.1 The Department of Chiropractic and Somatology (henceforth referred to as the Department of Chiropractic, or Department) is a department in the Faculty of Health Sciences at Durban University of Technology (DUT) in Durban, South Africa.
- 1.2 The department provides undergraduate chiropractic education and training via a series of study levels (these are: National Diploma Chiropractic, Bachelor Technikon Chiropractic and Masters Technikon Chiropractic). The MTech Chiropractic is the lowest level award that enables registration with the Allied Health Professions Council of South Africa (AHPCSA) as part of the Department of Health (DoH), and to legally practise as a chiropractor in South Africa.
- 1.3 Prior to a merger in 2002, undergraduate chiropractic education and training has been provided by Technikon Natal (now Durban University of Technology, DUT) since 1989.
- 1.4 In October 2009 a first Evaluation Team visit was undertaken by the ECCE. Following the visit the report of the Evaluation Team was received by the Commission on Accreditation in November 2009. The Commission recommended that Durban University of Technology , Department of Chiropractic and Somatology be accredited for a period of three years.
- 1.5 In August 2006, a review panel from the Higher Education Quality Committee (HEQC), the external higher education quality assurance agency in South Africa, recommended full accreditation of the chiropractic programme(s) at DUT. An internal programme review and evaluation took place in March 2012.
- 1.6 In April 2012, DUT submitted its Self-Study Report (SSR) for the continuation of full accredited status with the ECCE. The documentation was identical to that submitted to the March 2012 HEQC review and not in the ECCE format. This was reviewed by the Commission on Accreditation (CoA) of the ECCE and the university was requested to resubmit the documentation in the format suggested by the Standards and Procedures of the ECCE (2011). As a result, the SSR was resubmitted with an Addendum in July 2012 indicating how the submitted SSR addressed the Standards. Following this resubmission, the CoA decided in late July 2012 that the combined submissions were satisfactory and that an Evaluation Visit could proceed.
- 1.7 A four day Evaluation Visit took place (10 to 14 September 2012). The site visit provided further documentary and oral evidence to the previously submitted documents. DUT was given feedback at the end of the visit and informed verbally of any strengths, weaknesses and/or concerns regarding its provision of chiropractic education and training.
- 1.8 Members of the Evaluation Team extend their thanks to DUT for the courtesy shown to them during the Evaluation Visit, and for conducting the Visit in an open and transparent manner, thereby affording the Team full access to members of staff, students and documentation.
- 1.9 This document is the Evaluation Report (henceforth referred to as the Report, or Evaluation Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the on-site visit to DUT. The Report was sent in draft format to DUT for factual verification on 5 October 2012, and the final Report was submitted to CoA on 30 November 2012.

- 1.10 The Chair invited DUT to send representatives to the CoA meeting in Brussels, Belgium on 30 November 2012 where the Report will be discussed and a decision made on the re-accreditation of the university.
- 1.11 This Report addresses the compliance of DUT with each of the ECCE Standards in the provision of chiropractic education and training through the M Tech Chiropractic award. The outcomes of the Report are as follows:

Strengths:

- The chiropractic teaching and administrative staff continues to function as an enthusiastic, and committed team often under challenging circumstances. The team sets itself high standards and is well respected throughout the institution.
- The process of early identification and intervention for the at-risk student, by academic staff at a departmental level, is to be commended. The inter-departmental communication, and resources available in the ADA and Student Counselling Service, facilitate this process.
- The anatomy facilities, resources, expertise, and their endeavours to horizontally integrate with the chiropractic department are exemplary, and provide the opportunity for students to learn at the highest level.
- The opportunity to observe and examine patients (under supervision) in rounds at local hospitals significantly enhances the quality of the learning experience in diagnostic skills and other clinical areas.
- There has been a significant capital investment to provide a modern, purpose built, clinic teaching facility for the chiropractic department that will provide an excellent environment for the clinical learning experience.
- The admissions process has promoted a student demographic that more closely reflects the general population in South Africa. This will facilitate the exposure of diverse community groups to the chiropractic profession and thereby assist promotion and utilization of chiropractic.
- The excellent professional relationships between CASA, AHPCSA, the medical community and the programme staff are to be highly commended. The students have benefitted from these ongoing collaborations and are a source of pride to the profession and a superb advertisement for the programme and the Chiropractic profession in South Africa.

Weaknesses:

- Despite efforts to implement change there is still an excessive number of student contact hours that impedes the opportunity for students to gain the necessary reflective and self-directed learning skills to facilitate life-long learning.
- Due to the teaching and administrative demands placed on the relatively low number of full-time chiropractic staff there is insufficient time for self-reflection, curriculum and personal development, and in particular, research activity.

- The scope and framework of the coursework Masters dissertation is unclear resulting in the majority of students devoting excessive time and energy to the subject. As a result, rather than fostering an interest in research, the onerous task of producing a Masters dissertation may instead discourage many students from engaging in further research.
- There is a lack of a formal, reflective, evaluation process at Department level to assess management, teaching and administration staff performance. Such a review process encourages best practice and the formulation of both personal and departmental goals.
- There are issues concerning completion of the required patient numbers in the final clinical training year, as well as the demands of an over-ambitious dissertation, resulting in a significant proportion of students extending in to a 6th and sometimes 7th year.

Concerns:

There were none.

2. INTRODUCTION

- 2.1 Between 2006 and 2009 Durban University of Technology (DUT) sought accreditation from ECCE. There is no Council on Chiropractic Education (CCE) with specific jurisdiction for Africa; thus the two chiropractic education institutions in South Africa (DUT and the University of Johannesburg) required an outside CCE to carry out evaluations for international CCE-accredited status. In 2008 the CoA considered the SSR submitted by DUT for accredited status. Following revisions by DUT the CoA agreed that an on-site Evaluation Visit to verify the documentation and consider other evidence available during the visit should take place. The subsequent report to the CoA provided the evidence for DUT to be granted Full Accreditation in November 2009 for a period of three years.
- 2.2 The Evaluation Team Report noted the following Strengths, and Weaknesses;

Strengths:

- The chiropractic teaching and administrative staff functions, in sometime difficult circumstances, as an enthusiastic, cohesive and committed team under the expert leadership of the Head of Department; the Department is well-respected at faculty and institutional levels.
- The departmental team appears internally receptive and responsive, acting proactively in organising their time and opportunities for staff development and research.
- There is excellent opportunity to access facilities, resources and expertise in the biomedical sciences provided as a service to the chiropractic department.
- The anatomy facilities, resources and expertise are exemplary, and provide the opportunity for students to learn at the highest level.
- The opportunity to observe and examine patients (under supervision) in rounds at local hospitals significantly enhances the quality of the learning experience in diagnostic skills and other clinical areas.
- There is recognition at the institutional level to provide opportunity, incentive and support to facilitate staff enrolment on Masters and Doctorate degree programmes, and encourage research activity by staff.
- There is a rigorous, fair and transparent admissions process to recruit chiropractic students in which there is excellent communication at a number of levels in the university.

Weaknesses:

- There are an excessive number of contact hours for students that impede the opportunity for students to gain the necessary reflective and self-directed learning skills to facilitate life-long learning.
- There is a relatively low number of full-time chiropractic staff, on whom the greater load of the delivery of the curriculum inevitably falls. As a consequence there is

insufficient time for reflection, curriculum and staff development, and in particular, research activity.

- There is an apparent lack of research activity by chiropractic staff (outside of student dissertations) that inevitably impacts on the quality of the teaching and learning experience.
- There is limited space in teaching accommodation, particularly for the practical skills in chiropractic. Similar issues exist in departmental staff accommodation.
- There are issues concerning completion of the required patient numbers in the final clinical training year, as well as the demands of a possibly over-ambitious dissertation, resulting in a significant proportion of students extending in to a 6th and sometimes 7th year.

2.3 Members of the Evaluation Team were appointed by the ECCE Executive and each member received the SSR, Addendum and written comments from CoA related to the documents prior to the visit. The members of the Evaluation Team were:

Tim Raven BAppSc (Chiro), MSc (Clin.Chiro), FEAC	President ECCE, Chiropractor in private practice in Norway, and postgraduate research student at Oslo University Hospital, Norway. Chair
Thierry Kuster DC, FEAC	Director, Institut Franco-Europeen de Chiropraxie (IFEC) Paris, France,
Dr Melanie Botha BSc (Chiro), DC, CCSP, Cert. Med	Lecturer Chiropractic Sciences AECC
Mr Dawid deBeer	Student member, Year 5 University of Johannesburg. President WCCS (Johannesburg)
David Burtenshaw MA, PgCE, FRGS, FEAC, MCIE	Evaluation Secretary ECCE, formerly Director Collaborative Programme Development, University of Portsmouth. Chair of Examiners, Welsh Joint Examinations Council, Cardiff.

Mr David Burtenshaw acted as Secretary to the Team, and also as a member of the team. The members of the team were allocated specific sections of the report as their areas of responsibilities before arriving at DUT.

2.4 The purpose of the Evaluation Visit was to verify the SSR and other evidence presented by DUT, and to evaluate the institution in terms of its compliance with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards). On the basis of the SSR and its supporting documents, and on oral and other documentary evidence given and consulted during the on-site visit, an Evaluation Report compiled by the Team was submitted to DUT for correction of any factual errors, and thereafter to the Commission on Accreditation for a decision on the accreditation of DUT.

2.5 All members of the Team were presented by name beforehand to DUT, and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the on-site visit. No conflicts of interest by any of the members were declared.

- 2.6 Given that the institution is outside of Europe, it was agreed beforehand between ECCE and DUT that all expenses incurred by the Evaluation Visit would be met in full by DUT. As a result, accommodation and travel was booked for Team members directly by DUT, and a sum of money to cover incidentals and honoraria for the Team members sent to the Treasurer.
- 2.7 A draft timetable for the visit was sent to DUT on 10 August 2012, and the final schedule agreed with DUT on 1 September 2012. A copy of the schedule is appended to this Report (Appendix 1).
- 2.8 Members of the Team arrived in Durban on 09 September 2012. The Team held a preliminary meeting on 09 September to confirm final arrangements for the visit. The on-site visit was from 10 September to 13 September 2012 (inclusive). Meetings were held with the institution over the first three days and time was allocated for the Team to hold private meetings as the visit proceeded. This allowed the Team to reflect on the (written and oral) evidence it had been presented with, and enable the Team to request further evidence where clarification was necessary. The Report was compiled on an on-going basis during the visit, and the final day (13 September) was set aside to complete the draft report and feedback orally to the institution.
- 2.9 Members of the Team were very well hosted by DUT, afforded every courtesy and had full access to documentation and to staff, students and other stakeholders in the institution. Members of the Team and the ECCE extend their thanks and appreciation to DUT.
- 2.10 The draft Report was finalised by the Chair of the Team, and sent to Team members for comments. Based on these, the final draft Report was sent to DUT for factual verification on 5 October 2012. The response was received from DUT on 15 October 2012. The Chair and Secretary finalised the Report and this was submitted to the Chair of CoA on 24 October 2012. The Chair of the Evaluation Team presented the Report to CoA members on 30 November 2012 in Brussels, Belgium.
- 2.11 The Report includes an Executive Summary, a description of DUT and the findings of the Team regarding compliance of DUT with the ECCE Standards. The Report ends with the Conclusions of the Team and any Strengths, Weaknesses and/or Concerns the Team wishes to draw to the attention of the CoA. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area (www.enqa.eu).

3. DEPARTMENT OF CHIROPRACTIC AND SOMATOLOGY, DUT

- 3.1 The Department is one of eight departments within the Faculty of Health Sciences, which in turn is one of six faculties at the Durban University of Technology (DUT). The Department is responsible for the provision of undergraduate chiropractic education and training. There is one other ECCE accredited institution delivering undergraduate chiropractic education and training in South Africa (University of Johannesburg).
- 3.2 DUT is an established university in South Africa with over 25,000 registered students, recognised within the country's legislation, and in receipt of government funding through the Department of Education (DoE). The chiropractic provision of the Department of Chiropractic is a valid undergraduate programme delivered by the university, delivering the following levels of study; National Diploma Chiropractic (N. Dip), N.Dip: Chiropractic (ECP / FDN), Bachelor Technikon Chiropractic (B. Tech) and Masters Technikon Chiropractic (M Tech.). However, the M Tech Chiropractic is the lowest professional requirement defined by the Allied Health Professions Council of South Africa (AHPCSA) through the DoH enabling graduates to practise as a chiropractor in South Africa.
- 3.3 Decisions regarding the provision of chiropractic education and training made at departmental level are ratified by either the Faculty Board of Health Sciences or directly by the Office of the Deputy Dean of the Faculty of Health Sciences. The decision-making process then proceeds through the Senate, which is the highest academic decision-making authority of the university. The Department thus operates within clearly defined and proper structures within the university.
- 3.4 Besides its own internal university quality assurance procedures, the chiropractic programme(s) is subject to external review by the Higher Education Quality Committee (HEQC) of the Council for Higher Education (CHE) through the DoE, which is, by legislation, charged with the accreditation of institutions and programmes in higher education at the national level. Programmes and institutions are reviewed by HEQC on a five-yearly basis.
- 3.5 The quality of all university programmes, including the chiropractic programme, is undertaken by HEQC. A two-day visit was conducted in August 2006, and as a result, full accreditation of the chiropractic programme offered at DUT was conferred.
- 3.6 Chiropractic education and training provided by DUT is firmly established in national legislation, and in addition to satisfying internal quality assurance procedures within the university, aligns itself with a number of external stakeholders, including the DoE (i.e. South African Qualifications Authority (SAQA) and HEQC) and the DoH (i.e. AHPCSA), as well as the chiropractic professional body in South Africa (Chiropractic Association of South Africa (CASA)).
- 3.8 The vision and mission of the Department of Chiropractic are defined as:

Vision:

The Department is committed to excellence in producing quality chiropractors who are orientated towards achieving excellence in their professional and personal capacities in order to contribute meaningfully to the society in which they reside.

Mission:

To produce clinician-scientists within the field of chiropractic who espouse the ideals of:

- Excellence in their professional/practice environments with regard to ethics, patient care, business practice and professional development as well as their private environments.
- Work within a multidisciplinary team through evidence-based medicine in partnership with the patient for the betterment of holistic patient care.

3.9 The following section details the findings of the Evaluation Team with regard to the compliance of the university with ECCE Standards in the provision of chiropractic education and training through the award of M Tech Chiropractic. The findings of the Team are based on documentation presented by the university prior and during the on-site visit.

3.10 The colour-coded system outlined below was used by the evaluation team to indicate the level of compliance with each standard:



Green = Fully compliant/no risk (This is on track and good.)



Light Green = Substantially compliant/low risk. (Broadly on track with some areas which need to be addressed.)



Yellow = Partially compliant/medium risk. (Some significant areas which could be detrimental if not addressed.)



Red = does not comply/high risk. (Serious concerns threaten this area; high risk in the organisation's overall performance.)

4. ECCE STANDARDS COMPLIANCE

4.1 AIMS AND OBJECTIVES

4.1.1 Statement of Aims and Objectives

The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to its stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long learning.

4.1.1a Description

The Chiropractic Department is committed to producing quality chiropractors that are oriented towards achieving excellence in their professional and personal capacities in order to contribute meaningfully to the society in which they reside. Graduates are prepared to serve as primary contact practitioners within the orthodox health care system. There is a clear and documented vision and mission of the Chiropractic Department congruent with the core values of DUT in teaching and learning, research and contribution to the community and to society. The statements of aims and objectives of the Department are available in the following documents:

- Documentation submitted for registration with the South African Qualifications Authority (SAQA)
- The Department of Chiropractic and Somatology Handbook
- DUT website (www.dut.ac.za)
-


The outcomes of the curriculum are described as follows:

- Producing primary contact practitioners with skills and competence in differential diagnosis
- Specialist assessors of the neuromusculoskeletal system and other conditions amenable to chiropractic care
- Specialists in the field of spinal and extremity manipulation
- Wellness and holistic practitioners trained in the prevention of disease
- An ability as self-directed learners to maintain an advanced knowledge base by utilizing continuing education opportunities

4.1.1b Analysis

The aims and objectives statements for the graduate chiropractor encompass the knowledge, skills and attitudes necessary for safe and competent practice as a primary contact practitioner, and for continued learning throughout professional life, in line with competencies outlined in the Standards.

4.1.1c Conclusion

DUT is fully compliant with Standard 1.1. 

4.1.2 Participation in formulation of aims and objectives

The overall aims and objectives of the chiropractic programme must be defined by its principal stakeholders.


4.1.2a Description

The aims and objectives are informed by a number of stakeholders, including university staff at Institution, Faculty and departmental levels, chiropractic students, external quality assurance agencies including CHE and AHPCSA, and the professional association within South Africa (CASA) and the World Health Organisation minimum educational requirements for chiropractic.

4.1.2b Analysis

There was evidence that staff within the Department were fully aware of and involved in the overarching aims and objectives of the chiropractic programme. It was not apparent there was any understanding of or involvement in development of aims and objectives by the service departments within the university. Similarly, it was unclear as to the extent of the student contribution in the process and direct contribution by the external agencies and the professional associations, although it would seem likely that these agencies and CASA must have acceded to the aims and objectives through their quality assurance mechanisms and accreditation/approval decisions. More formalised and transparent mechanisms for all stakeholders to regularly review and contribute to the aims and objectives of the chiropractic programme are recommended.

4.1.2c Conclusion

DUT substantially complies with standard 1.2. 

4.1.3 Academic autonomy

The institution/programme must have sufficient autonomy to design and develop the curriculum.


4.1.3a Description

The curriculum has been designed and developed by staff in the Chiropractic Department, with support and review by staff at Faculty and institutional levels. Members of staff in the Department are responsible for any changes/revisions to the curriculum, although any such changes must comply with institutional/Faculty regulations. In areas of the biomedical sciences where the curriculum is delivered by staff outside of the Chiropractic Department, any changes/revisions are agreed between chiropractic and biomedical staff.

4.1.3b Analysis

The Chiropractic Department maintains substantial autonomy over the curriculum in the context of a department operating within the policies and procedures of a Faculty and an institution. It appears that the communication between biomedical staff and chiropractic staff continues on a less formal level and does not enjoy the potential benefit that formal and regular meetings might provide. Nevertheless adequate communication does occur with the biomedical sciences enabling chiropractic students to meet the specified aims and objectives of the programme. There appears to be a degree of uncertainty surrounding decision-making by the Department within the Faculty structure as a result of the programme leader being only Acting Head of Department (HOD). This may be resolved by having a permanent HOD.

4.1.3c Conclusion

DUT substantially complies with Standard 1.3. 

4.1.4 Educational outcome

The institution/programme must define the competencies (exit outcomes) that students will exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.

4.1.4a Description

Students must acquire the knowledge, skills and attitudes to enable them to graduate and practise as a safe and competent practitioner within the wider healthcare community in South Africa. The programme is 3-tiered, beginning with a 3-year N.Dip: Chiropractic, followed by a 1-year B.Tech: Chiropractic and finally a 1-year M.Tech: Chiropractic. The chiropractic programme is registered with the South African Qualifications Authority (SAQA) and approved by the AHPCSA, which enables provisional registration (through a temporary practice number) with the AHPCSA. Graduates must then complete an internship with the AHPCSA to enable full registration with the Council.

4.1.4b Analysis

The competencies and exit outcomes at all levels of the learning experience as evidenced within the programme documentation embody the competencies listed in the Standards.

4.1.4c Conclusion

DUT fully complies with Standard 1.4.



4.2 EDUCATIONAL PROGRAMME

4.2.1 Curriculum model and educational methods

The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum.

The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life.

4.2.1a Description

The curriculum is a traditional model, with emphasis on the basic sciences in the initial two years of the programme, with an introduction to chiropractic philosophy. The service departments of DUT teach the basic sciences. From year 3, clinical sciences and chiropractic are emphasized, with introduction to chiropractic technique for treating the spine. The first three years (or four years for the Foundation programme) comprise the National Diploma: Chiropractic. Students automatically progress to year 4 (Bachelor of Technology: Chiropractic) and year 5 (Masters of Technology: Chiropractic) providing the relevant subject pass marks have been obtained. Years three and four cement diagnostic skills through hospital rounds, and foster the diagnostic thinking process. Year 5 is the clinical year and provides real patient interaction within the chiropractic clinic. The student clinicians are taught each extremity region, and the temporomandibular joint, in a modular fashion during this year. When a module is completed, the student clinician is permitted to examine and treat this region with patients in the clinic. The research dissertation commences in year 4 with the intention that it is to be completed in year 5 of the programme, although the norm for completion is year 6 or year 7.

A variety of teaching methods are used including didactic lectures, group presentation, group projects, self-directed learning tasks, hospital rounds, mock patient encounters, guided discovery, and case reports. Material is provided via printed notes and in some cases by email or 'Moodle', an open access educational platform. Assessment varies according to year, commencing with knowledge assessment via written papers, practical exams in the initial years moving towards clinical reasoning exam strategies with OSCE exams for clinical skills assessment, viva and clinical competency monitoring.

4.2.1b Analysis

There are a variety of educational methods of teaching and learning utilised. Assessments are appropriately designed to accommodate the programme level being taught. There is an exploration of e-learning, which is to be encouraged, but no programme or institution wide policy as yet. This is in part due to the socioeconomic circumstances of the general student body, although the chiropractic students generally appear to provide their own IT equipment.

The curriculum could provide more opportunities for the development of self-directed learning and reflection, in accordance with the aims of the programme. Integrated assessments would be of benefit in reducing the overall exam burden, and meeting the aims of the programme.

4.2.1c Conclusion

DUT substantially complies with standard 2.1



4.2.2 The Scientific Method

The institution/programme must teach the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking.

The curriculum must include elements for training students in scientific thinking and research methods.

4.2.2a Description


Students are introduced to the scientific method from their first year, with the course of Philosophy, History & Principles. Basic sciences contribute with practical classes from year 1. Students are encouraged to read scientific literature from the earlier years. Epidemiology is taught in year 2. Critical thinking and analytical skills are enforced from the third year with Chiropractic Principles and Practice III and IV, and Research methods and Techniques. In year 4 each student is asked to propose a research topic, and to elaborate a research proposal. This proposal has to go through departmental and Faculty validation and should receive Institutional Research and Ethics Committee approval. A member of the staff provides the supervision, sometimes with a co-supervisor. The dissertation is to be completed and assessed before the student is allowed to graduate. The dissertation is a requirement of the award, allowing the student to undergo to the next stages of his registration as a chiropractor.

4.2.2b Analysis

The scientific method and evidence-based chiropractic are inculcated from the first year. The research skills are developed from the third year and applied with the development of the research project proposal in the fourth year. Students are provided with a comprehensive workbook for Research methods and Technology. However, the process of approval of the students' proposals continues to be encumbered by university processes and perceived as complicated by students. This process needs to be reviewed. The level of the dissertation the students have to produce may be over-ambitious, so that the work cannot be done in an acceptable timeframe. Moreover the time

pressure and in some cases the limited research experience of staff may be detrimental to student project progression. These issues need to be addressed urgently so that the project may be completed in a reasonable timeframe and be a good learning experience for the students, so to foster their life long learning abilities and desire.

4.2.2c *Conclusion*

DUT substantially complies with Standard 2.2. 

4.2.3 Biomedical Sciences

The institution/programme must identify and include in the curriculum those contributions of the basic biomedical sciences that enable a knowledge and understanding of the basic sciences applicable to the practice of chiropractic.

4.2.3a *Description*

The Chiropractic Department benefits from the expertise, resources and facilities that the Service Departments of the University make available. Basic biomedical sciences are taught mainly in the first two years of the programme, so to inform the later clinical sciences. Lectures and practical classes are given by experts in their own disciplines, in the different services of the University, spread in different campuses.

4.2.3b *Analysis*

The importance given to the basic medical sciences may be excessive, with too many contact hours. The resources provided by the University services are of high quality. The Anatomy Department offers a high quality service to the students, with well equipped facilities and student study space with a significant number of anatomical models available to students. Furthermore there is an excellent communication between this department and the Chiropractic Department, which allows integration with chiropractic subjects to take place.

The Chiropractic Department ensures good relationships with the service departments so as to firstly, influence the teaching and learning such that it is relevant to chiropractic, and secondly, to obtain feedback on the performance of the students in order to detect “students at risk” at the earliest stages. However, the relationship with the Physics Department does not seem to facilitate this process to the same degree as with other departments.

The content and level of biomedical subjects need to be assessed during the current curriculum review process to ensure they are sufficient, but not superfluous, to the aims and goals of the programme.

4.2.3c *Conclusion*

DUT fully complies with Standard 2.3 

4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence

The institution/programme must identify and include in the curriculum those contributions of the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making and ethical practice.

4.2.4a Description

The curriculum contains all of the relevant behavioural and social sciences including ethics and jurisprudence and aspects of management accounting in preparation for clinic management. The Registrar of the Allied Health Professional Council of South Africa (AHPICOSA) is responsible for providing sessions on the legal and ethical responsibilities for chiropractors within the South African context.

4.2.4b Analysis

The standard is fully covered over the duration of the programme. It was reported that the standard of achievement and ability of the chiropractic students was frequently higher than the students on the accounting programme.

4.2.4c Conclusion

DUT fully complies with standard 2.4



4.2.5 Clinical sciences and skills

The institution/programme must identify and include in the curriculum those contributions of the clinical sciences that ensure students have acquired sufficient clinical knowledge and skills to apply to chiropractic practice in a primary contact setting.

4.2.5a Description

The specific competencies (knowledge, skills and attitudes) ensuring clinical competence on graduation are taught. The curriculum in the clinical sciences emphasises neuromusculoskeletal conditions, pain management relating to these conditions and concomitant non-musculoskeletal conditions. The conditions commonly encountered in chiropractic practice in South Africa are reflected appropriately in the curriculum. The clinical skills include radiography, history taking, physical examination (medical and chiropractic) procedures and investigations, communications skills, treatment procedures including auxiliary treatment modalities, patient care and management, and patient advice and education relating to disease prevention and health promotion. The curriculum also covers general diagnosis and referral procedures consistent with the scope of practice of a primary health care provider.

Different stages of the curriculum lead the student to be able to develop effective and outcome-based clinical decision-making skills. Skills development includes critical analysis of scientific articles, hospital rounds on a voluntarily basis in year 3, and continuing in year 4 on a compulsory basis. These assure a thorough training in patient evaluation, diagnostic skills and report writing. Radiography, diagnostic laboratory procedures and diagnostic imaging are taught, enabling future graduates to include these diagnostic procedures in their daily practice.

4.2.5b Analysis

There is a strong emphasis on the clinical sciences in the programme. The clinical skills, competencies and attitudes to which the students are exposed at the different levels of the programme are well constructed, horizontally and vertically integrated and comprehensive. Furthermore, the programme stresses conditions related to non-neuromusculoskeletal conditions as these are encountered in areas where the teaching clinics of DUT and hospitals are located.

The practice of teaching clinical skills in module form in year 5 restricts student access to patients with various non-spinal conditions until the units are completed. This in turn hinders the students'

ability to satisfy clinical requirements within the 5-year course framework. The department is aware that it needs to address this issue.

The chiropractic technique laboratory within the new clinic facility will provide an excellent learning environment for the students.

4.2.5c Conclusion

DUT substantially complies with Standard 2.5



4.2.6 Chiropractic

The institution/programme must foster the ability to participate in the scientific development of chiropractic.

4.2.6a Description

The programme is based on the principles of the scientific method and evidence-based practice. Chiropractic history and development is reviewed via use of appropriate and relevant texts, and discussion in Philosophy, History and Principles (Module One) and Chiropractic Principles and Practice III subjects. Furthermore, the research methodology and dissertation units emphasise the need for scientific development of chiropractic.

4.2.6b Analysis

Chiropractic Principles and Practice III, Chiropractic Principles and Practice IV, Research Methods and Technique all require the process of critical analysis and appraisal with regard to the domain of chiropractic practice. The teaching staff within the Department enthusiastically espouses a scientific paradigm in the context of the biopsychosocial model of chiropractic care.

4.2.6c Conclusion

DUT fully complies with Standard 2.6.



4.2.7 Clinical training

The institution/programme must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued by the student can be applied in practice, and so enable the student to assume appropriate clinical responsibility upon graduation.

Every student must have early patient contact leading to participation in patient care.

4.2.7a Description

The students enter supervised clinical training in year 5, having completed their final requirement of mock patients at the end of year 4 or beginning of year 5. The requirement for patient numbers stands at 35 new patient encounters and 350 follow up patient encounters, which is also a requirement of the CHE. New patients are partially provided by the Department from three sources: local residents, external facilities at Sea Cow Lake and Marburg Haven, and through attendance at sporting events. The remainder of patients are sourced by the student clinicians through personal contacts. The current student clinic is an interim resource as the new clinic facility is constructed. The temporary facility contains 17 treatment rooms, and a staff clinician room with phone and a


computer. The new facility has larger accommodation, with 26 treatment rooms, reception area, reception room, laundry facilities, staff clinician room and the addition of a student room. The new clinic is accessed straight from the main road and has its own parking facilities. This building and car park will be a shared facility within the Faculty of Health Sciences.

The clinical experience commences at the outset of the programme for the first year student by an observation of fifth year students in the student clinic. This progresses in year three with three in-hospital interactions with real patients. In year 4, the patient interactions increase to two per week, resulting in sixty-four patient encounters. Year four also has an opportunity, and requirement, to observe patient encounters in the student clinic.

4.2.7b Analysis

There have been difficulties, beyond the DUT's control, regarding the student clinic experience for the current fifth year cohort. Amongst other issues, the offsite facilities have been unavailable to the current year 5 students, due to public liability insurance and memorandum of understanding issues. These issues will be resolved by the opening and subsequent public relations campaign centering on the new clinic facility. The new clinic environment will hopefully improve the issue of low patient numbers, as many students take more than one year to complete the Council on Higher Education requirement. In addition, the liability issues surrounding off-site facilities has been resolved and the diversity of patients and cases at these sites will enhance the clinical skills of the students. The hospital diagnostics placements in years 3 and 4, offer an excellent learning environment and opportunity to hone both practical and interpersonal skills.

4.2.7c Conclusion

DUT fully complies with standard 2.7 

4.2.8 Curriculum Structure, Composition and Duration

The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences.

4.2.8a Description

The programme complies with national standards for chiropractic education meeting the requirements for Diploma, Bachelors and Masters levels. The programme was subject to Institutional Review and Evaluation in March 2012. Masters level is the lowest level of academic qualification required for registration with AHPCSA together with a postgraduate internship. Students are not achieving the Masters award in 5 years mainly because the dissertation, which is intended to be a "partial (coursework) Masters dissertation" in the eyes of the university, is being treated and operationalized as a "full Masters dissertation". This issue was present in 2009 and appears to be more serious in 2012.

There is a range of physical and natural science units, which together with the social sciences provide horizontal integration to enhance the learning experience. Some disciplines are taught in conjunction with other degree programmes of the university which does constrain the opportunities to dovetail with the chiropractic programme. However, there is a high degree of integration between anatomy and chiropractic.

The composition and structure of the curriculum continues to be didactic and the development of self-directed learning is confined to year 4 where 32 hours of timetabled time purports to enable

students to develop their research ideas. The research project does provide an opportunity for self-directed learning although there is still a heavy reliance placed on staff guidance throughout the research process.

All courses within the curriculum have learning outcomes and these are conveyed to the students in the Learner Guides for each course that are given to all students.

4.2.8b Analysis.

Although the programme is a 5-year full-time programme the majority of students do not complete their Masters qualification until sometime in their sixth or indeed seventh year. The actual point of achieving the Masters award is not fixed because the Masters dissertation is too onerous to be completed by the end of year 5. The AHPCSA-required internship may be commenced once the Masters has been achieved, however there is room for students to utilise observations and other clinical experiences towards their internship portfolio whilst completing their dissertations.

The logistics of the dissertation are delaying student progression quite unjustifiably. The situation has not improved in the past three years and does little to encourage students to study chiropractic or to enhance the reputation of the training. Many students expressed frustration over the uncertainty of the time to completion. The delay restricts students from applying for employment until all aspects of the Masters dissertation is completed. However, the Department is aware of the issue and is actively searching for a solution in collaboration with the Faculty.

Self-directed learning is in its infancy due to the historic over-reliance on a heavy didactic curriculum. This is being addressed in the current curriculum review and in the Faculty review of the research process.

The Learner Guides for all of the courses make the students aware of the learner outcomes and the assessment strategies for each course.

4.2.8c Conclusion

DUT partially complies with standard 2.8



4.2.9 Programme management

A curriculum committee (or equivalent (s)) must be given the resources, responsibility, authority and capacity to plan, implement and review the curriculum to achieve the aims and objectives of the chiropractic programme.


4.2.9a Description

The departmental committee performs the role of a curriculum committee. It manages the programme in its entirety. External stakeholders such as CASA and AHPCSA have input into the work of the Curriculum Committee prior to submission of the curriculum to the Faculty Board and onwards to Senate. Such submissions are also considered by CQPA.

4.2.9b Analysis

The departmental committee oversees and manages all aspects of the curriculum. Because the numbers are so small, there is less scope for the introduction of new ideas designed to help the achievement of the aims and objectives of the chiropractic programme. For this reason among others the programme evolves rather than engages in radical changes.

4.2.9c Conclusion

DUT substantially complies with standard 2.9 

4.2.10 Linkage with subsequent stages of education and training, chiropractic practice and the health care system

Operational linkage must be assured between the first qualification programme and the subsequent stage of training or practice that the student will enter after graduation.

The curriculum must reflect the environment in which graduates will be expected to work and be responsive to feedback from graduates, the profession and the community.

4.2.10a Description


The curriculum reflects the environment in which the graduates are expected to practice after qualification. In year 5, students fill out a registration form for the post-qualification internship programme. Once they have fulfilled all requirements to be awarded the M.Tech (Chiro), applicants receive a temporary practice number with the AHPCSA permitting them to start the Public Sector work as part of the internship programme. On completion of this and submission of a portfolio, the chiropractor can apply to the AHPCSA for permanent registration. The organisation of the internship, which requires a minimum of 675 hours, is undertaken by AHPCSA. Throughout the internship programme, there are strong links between the Department and external stakeholders through the inclusion of various members of full-time and part-time academic chiropractic staff on various committees and international bodies.

The Allied Health Professions Council requires that there is no exit at the undergraduate level and that all students are expected to complete the first postgraduate degree (Masters degree). Therefore there is direct progression from the undergraduate degree to the post graduate degree, which then is followed by the internship programme as administered through the AHPCSA, prior to the graduate proceeding to registration as practitioner. The students may start working on their portfolios for the internship as they complete the requirements of the DUT.

4.2.10b Analysis

The 6 full-time staff members are involved at all levels – undergraduate, post graduate, clinical training, research as well as outside committees, such as the internship committee – allows for smooth transition between the various structures by the students, graduates, interns and practitioners. The linkage between the education and training of chiropractors and subsequent chiropractic practice and the health care system is in place, and there is a cohesive transition.

4.2.10c Conclusion

DUT fully complies with Standard 2.10 

4.3 ASSESSMENT OF STUDENTS

4.3.1 Assessment methods

The chiropractic institution/programme must define and document the methods used for assessment, including the criteria for progression and appeals procedures. Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.

4.3.1a Description

Assessment remains in line with university policy and regulations and has not changed substantially since the initial accreditation in 2009. Assessment is subject to published university policies and regulations and is administered by the Centre for Quality Promotion. The mix of tests, assignments and end of year examinations dominates the taught programme. The Department handbook makes the requirements clear to the students in terms of the diet of assessments through the year. Clinical competence is assessed by OSCE examinations.

The Department uses external moderators for all examinations. These are currently drawn from a range of institutions within South Africa. The Faculty administers the Examination Board.

4.3.1b Analysis

The diet of examinations and assessments continues to be demanding on both the students and the staff.

The university expressed some concern that the moderation process relied too much on people who were already familiar with DUT because they had graduated from the institution, hence allowing a potential risk of bias. The proposed new regulations for external moderation are very restrictive and have made recruitment of new moderators extremely difficult. Fundamentally, this is because the profession in South Africa is still small and relies on two university programmes. The Department applied for and received a dispensation from the requirements for moderators for 2012.

The Centre of Excellence in Learning and Teaching (CELT) carries out evaluation of assessment methods but the Department has not made extensive use of their expertise.

4.3.1c Conclusion

DUT substantially complies with standard 3.1



4.3.2 Relation between assessment and learning

The assessment principles, methods and practices must be appropriate to the learning outcomes and the educational aims and objectives, and promote appropriate learning practices.

4.3.2a Description

Policies regarding assessment are well defined in the Chiropractic Handbook and General Handbook for students. There is extra time given to students with specific disabilities, and special examinations in cases of mitigating circumstances. Rules for appeals are also well defined. Anti-plagiarism rules are made known to students. Students are informed of pre-requisites that must be passed to allow the students to progress to the following year. The Department uses a wide range of assessments, related to the different subjects and outcomes assessed.

4.3.2b Analysis

The Department is fully aware of the importance of assessment to promote appropriate learning practices and acts accordingly. The students are provided with the learning outcomes and assessment programme. They may benefit from a more formalised feedback so as to enhance their learning experience.

4.3.2c Conclusion

DUT fully complies with Standard 3.2.



4.4 STUDENTS

4.4.1 Admission policies and selection

The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.

4.4.1a Description

Admissions to the programme are the joint responsibility of the Department and the Faculty. Student applications are routed through the Central Applications Office of KwaZulu Natal. The process has changed little since 2009 and continues to be an effective set of filters that delivers 35-40 qualified applicants each academic year. Approximately 5 students are selected for the Extended Curriculum. Therefore 40-45 students are recruited which is in line with the current university target. The entry requirements are consistently applied.

Applications from neighbouring African countries and some from Europe are on the increase. The university is in the process of a more aggressive marketing initiative so that it can achieve a target of 9% international students.

Students with certain disabilities are accepted on the programme and support is available for them. An AP(E)L policy in place and called "Exemption" by the administration.

There is an annual prospectus. In addition the university arranges marketing events in schools and clusters of schools and the chiropractors take part in these events. Open days are also held in the university.

4.4.1b Analysis

The admission process continues to be fair and rigorous. Target numbers are being increased by the university to approximately 50 students although much depends on the ability of the service departments to accommodate the extra numbers both from chiropractic and other programmes that they teach or service. It is unsure whether these extra numbers will result in an increase in the staff complement to teach the enlarged classes.

The AP(E)L process is managed by the Faculty. The policy appeared to be individualised and catering for the unique requests for exemption. The Department appeared to be somewhat reluctant to exempt students from whole years of the programme preferring to exempt them from individual courses.

The admissions process has promoted a student demographic that more closely reflects the general population in South Africa. This will facilitate the exposure of diverse community groups to the chiropractic profession and thereby assist promotion and utilization of chiropractic.

4.4.1c Conclusion

DUT fully complies with standard 4.1



4.4.2 Student intake

The size of student intake must be defined and related to the capacity of the chiropractic institution/programme to provide adequate resources at all stages of the programme.

4.4.2a Description

The annual intake of students is approximately 35 students with an extra 5 students taken into the Foundation Programme. The demographics of the student intake have seen a significant positive change. Currently, 15% - 20% of entries are mature students and 5% - 15% are international students. The Faculty does have the capacity to provide the adequate resources at all stages of the programme for this number of students.

4.4.2b Analysis

The Faculty does have the ability to increase student intake within their facilities and resources with the appointment of additional staff members. Their concern is whether the service departments (lecturing years 1 and 2) have the ability and facilities to accommodate an increase in student intake. There has been an increase in international applications being received. University Marketing is also considering international marketing.

4.4.2c Conclusion

DUT fully complies with Standard 4.2. 

4.4.3 Student support and counselling

The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.

4.4.3a Description


Student support is built into the departmental programme. Staff members identify at-risk students early in the academic year. These students are approached and offered assistance with any difficulties regarding the course work. All full time staff have set learner times, whereas part time staff are available to students during clinic hours or at the end of lectures.

Students may be referred to the University Counselling Services for academic support, health problems and financial matters. These counselling services include the Academic Development ambit (ADA), a counselling centre, and a health/HIV centre. The Directorate of Student Affairs oversees student health, the HIV/AIDS Centre, student housing and residences, financial aid and sporting disciplines. All of these services are provided free of charge.

4.4.3b Analysis

Student support and counselling services are very well organised within the University. At risk students are identified early and support is offered. The 'mentorship programme' mentioned in the 2009 evaluation report has fallen away from 2010 onwards because the staff member who was running this initiative is no longer working for the Department. Discontinuation of this programme seems to have had a negative impact on the younger students. There is also a lack of on going chiropractic specific induction throughout years 1-3.

4.4.3c Conclusion

DUT fully complies with Standard 4.3. 

4.4.4 Student representation

The institution/programme must support student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.


4.4.4a Description

Students are represented at all levels throughout the university's committee structures. The chiropractic students have a class representative within each year, elected by the students. The class representatives meet with the Department once a month to raise any concerns relevant to the students. The students are represented on the Learner Liaison Committee of CASA and at the KZN branch level. Students also participate in the international chiropractic student forum, the World Congress of Chiropractic Students (WCCS).

4.4.4b Analysis

Student representation at all levels encouraged within the constraints of their own personal timetables and the university's policies and procedures. Students have not been involved in the development of the new curriculum (expected to be implemented in 2014) although the Department is expecting to obtain student feedback after the final curriculum structure has been drafted.

4.4.4c Conclusion

DUT substantially complies with Standard 4.3. 

4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

4.5.1 Faculty (Staff) recruitment

The institution/programme must have a faculty recruitment policy which outlines the type, responsibilities and balance of faculty required to deliver the curriculum adequately, including the balance between chiropractic and non-chiropractic faculty, and between full-time and part-time faculty.

4.5.1a Description

DUT has a policy for staff recruitment, mechanisms to identify where additional staff may be required and subsequently recruited. There is a formal induction process for new staff members which lasts a year. Currently there are 5 full time members of chiropractic staff, 11 part-time members of chiropractic staff involved in clinic supervision, 8 part-time members of staff teaching on the programme (1 chiropractor) and 4 full time administrative staff in the Department. There are 14 lecturers from the other departments involved in teaching the chiropractic students. The post for an additional full time member is advertised largely through the newspapers.

4.5.1b Analysis

The number of full time staff has remained at a low level, with the predictable consequences in terms of overload of the current staff. Steps have been taken to recruit an additional chiropractor. To allow time for development and increase the research activity, additional full time members would be required. It would be of value for the programme to recruit outside of their graduates, but it is understood that it is difficult in the current South African context.

4.5.1c Conclusion

DUT partially complies with Standard 5.1. 

4.5.2 Faculty Promotion and Development

The institution must have a faculty policy that addresses processes for development and appraisal of academic staff, and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.

4.5.2a Description

DUT has a recently revised policy to address staff promotion, allowing staff to be promoted to management posts or more academic posts. There are also incentives to support enrolment of staff in research whereby 50% of the subsidies from publication of research go directly to the individual for use at their discretion in the framework of furthering research/personal development. There is currently no formal, reflective, evaluation process at Department level to assess management, teaching and administration staff performance.

The CELT (Centre for Excellence in Learning and Teaching) offers workshops to staff to help them improve their teaching and research skills.

4.5.2b Analysis

The Department intention to have all full time staff enrolled on a higher degree in 2012 has not been achieved despite the good will of staff members. The main limitation to personal development is the time constraints placed on the full time staff. Nevertheless one member of staff is dedicated to engage in a PhD project. The absence of a formal review process at departmental level is unfortunate and should be encouraged to promote best practice and the formulation of both personal and departmental goals.

4.5.2c Conclusion

DUT partially complies with the Standard 5.2.



4.6 EDUCATIONAL RESOURCES

4.6.1 Physical facilities

The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.

4.6.1a Description

The facilities continue to be concentrated on the adjacent campuses of DUT – Ritson, Steve Biko and M Sultan. Some of the facilities in the physiology area have been upgraded to include more modern audio-visual equipment. Facilities in the area occupied by the Department have not changed. The Library now includes a Masters Research Lab where students preparing their research have exclusive use of the computers and desk space. In addition the library has purchased 100 laptops that students are able to borrow. The library has an extensive collection of relevant journals and textbooks. The library area is pressed for space with students often having to sit in the aisles between shelving in order to have sufficient space in which to study. The technique room in the new clinic is 130m².

The new clinic will provide space for three new X ray rooms with room for a PET scanner. The current facilities at the Radiographic Department also include musculoskeletal ultrasound.

The University possesses a range of recreational facilities across its three campuses. The facilities are all expected to conform to Health and Safety regulations

4.6.1b Analysis

The provision of the new Masters Research Lab with its array of modern computers is a valuable extension of the library space designed to tackle the issue of a quiet space for research. The technique room is capable of housing an expansion in numbers and is a valuable addition to the Department's facilities. Wi-Fi is close to being installed across the campuses.

Due to the refitting of the clinic building the Department has had to make do with temporary accommodation for the teaching of chiropractic technique. Whilst these facilities were in no way ideal, the Team appreciates that this was a necessary temporary measure. The new clinic facility will provide an excellent opportunity for teaching and learning.

The Department continues to make use of teaching and office facilities that are under pressure both with regard to space and equipment. The Team was unclear whether there was sufficient space available on campus to allow for smaller seminar teaching that would in-turn facilitate self-directed learning and move away from large classes and the didactic model.

Health and Safety was not examined in detail. The recent Programme Review and Evaluation Report 2012 drew attention to some deficiencies.

4.6.1c Conclusion

DUT substantially complies with standard 6.1



4.6.2 Clinical training resources

The institution/programme must ensure adequate clinical experience and the necessary resources, including sufficient patients with an appropriate case-mix, and sufficient clinical training facilities including sufficient equipment and treatment rooms.

4.6.2a Description

The current student clinic is an interim resource as the new clinic facility is constructed. The temporary facility contains 17 treatment rooms, and a staff clinician room with phone and a computer. The new facility has larger accommodation, with 26 treatment rooms, reception area, reception room, laundry facilities, staff clinician room and the addition of a student room. New equipment for the clinic is being discussed and a capital bid will be required. The new clinic is accessed straight from the main road and has its own parking facilities. This building and car park will be a shared facility within the Faculty of Health Sciences.

New patients are partially provided by the Department from three sources: local residents, external facilities at Sea Cow Lake and Marburg, and through attendance at sporting events. The remainder of patients are sourced by the student clinicians through personal contacts.

On entering year 5 students may only examine and treat spinal conditions. Other regions are taught through the year in a modular format. The student clinicians on completion of the module are then able to treat patients in this region.

4.6.2b Analysis

The clinic resources have been inadequate for the current year 5, resulting in low patient numbers. These issues are being addressed both in the construction of a new clinic facility, and in re-

negotiation of the offsite community clinics. The modular nature of the fifth year provides a measure of hindrance in the attainment of the year 5 aims and objectives.

There has been a significant capital investment to provide a modern, purpose built, clinic teaching facility for the Chiropractic Department that will provide an excellent environment for the clinical learning experience.

4.6.2c Conclusion

DUT substantially complies with standard 6.2



4.6.3 Information Technology

The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.

Students must be able to use IT for self-learning, accessing information and managing patients.

4.6.3a Description

Various rooms on campus have IT facilities that the students may access. Wi-Fi access is poor and internet access throughout the campus computers has been hampered with virus issues. Students, that can afford to do so, purchase their own laptops or tablets in order to avoid any data corruption issues, however the students are reluctant to bring their personal machines onsite. Faculty have access to landline internet and have institutional computers. Masters students have a dedicated, 24hour access, IT facility for research in the library.

E-learning is in its infancy at institution and programme level, with few resources from staff available via educational platforms, although direct email of notes and online communication does occur regularly. The University has planned 50% e-learning by 2015.

4.6.3b Analysis

The IT Department is making great strides in installing Wi-Fi and aim to have networked the entire campus by the end of September. The institution has purchased one hundred laptops for loan, via the library, for student use, which will assist in student learning. The campus is utilised by 25,000 students however, so will only benefit a small number of students. There are discussions underway to provide each student with a device, such as a smart phone, to facilitate e-learning for all students. There is currently no institutional policy on the use of e-learning and it is therefore unclear how 50% e-learning in chiropractic will be implemented by 2015.

4.6.3c Conclusion

DUT substantially complies with standard 6.3



4.6.4 Educational expertise

The institution must ensure the appropriate use of educational expertise in the design and development of the chiropractic curriculum and instructional (teaching and learning) and assessment methods.

4.6.4a Description

The Department is currently undergoing curriculum review. The Department staff currently lack higher qualifications in educational methods, but have access to expertise and support through the Centre for Excellence in Learning and Teaching and Quality Assurance departments at DUT. A variety of methods of teaching, learning and assessment are used for programme delivery, although contact hours remain high.

4.6.4b Analysis

There are some excellent teaching and learning experiences occurring within the current programme. However, the high contact hours through the didactic teaching methods, can be counter-productive to self-directed learning, and hence the programme aim to produce life-long learners. Self-directed learning is applied inconsistently across the programme. The Department would benefit from drawing on the educational expertise resources available for the development of the new curriculum.

4.6.4c Conclusion

DUT substantially complies with standard 6.4.



4.6.5 Administrative and technical staff and management

The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the institution's undergraduate programme and other activities, and to ensure good management and deployment of its resources.

The management must include a programme of quality assurance, and the management itself should submit itself to regular review.

4.6.5a Description

The Department is supported by one full time secretary, one finance and administration staff member, two full time clinic reception staff and six student temporary receptionists. All maintenance issues are supported through the institution's Department of Buildings and Grounds. IT support is through the relevant institutional department. Security staff employed by the University ensures staff safety.

The administrative and support staff are not subject to a formal appraisal and review process as they form part of a teaching department; other purely administrative departments within the Institution are subject to a key performance indicators management system.

There is no formal management appraisal and review process, although quality assurance is partially addressed through student feedback.

4.6.5b Analysis

There is sufficient administrative staff employed to support the delivery of the programme. The Institution provides technical personnel as required and a safe working environment is maintained by the security personnel.

There has been union opposition to implementation of teaching department review processes across the Institution, thus the lack of a formal process within the Department. The Department is relatively small, and as such, has the capacity to initiate an intra-departmental review process as an interim measure.

4.6.5c Conclusion

DUT fully complies with standard 6.5



4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH

The chiropractic institution/programme must facilitate the relationship between teaching and research, and must describe the research facilities to support this relationship as well as the research priorities at the institution/programme.

4.7.1a Description

One of the pillars of DUT and hence the programme is that of research. Research is a part of the curriculum both from an overt perspective but also in terms of teaching that directs the students in the development of their research strategies from early stages of the course. There is a clear commitment to research activity at the Masters level of the programme. The Student Handbook describes a dissertation at the level of a coursework Masters. Students are allocated a ZAR 5,000 grant by the institution for use in financing their research project.

The research/higher degrees/postgraduate manual along with the departmental manual on research outlines the processes and procedures for students to complete their research. This process includes the need for departmental, Institutional Research and Ethics Committee, Faculty Research Department and budget approval.

The Department has one full-time member of staff currently undertaking research training in the form of a PhD. None of the full-time staff with the Department have formal research qualifications.

4.7.1b Analysis

Teaching and administrative demands placed on staff impact on the ability to pursue personal, research-competency development. Despite these constraints one staff member is currently undertaking a PhD and other members of staff have expressed a desire to commence their own research projects. Research activity amongst staff is significantly hampered by time constraints resulting from full teaching and administrative workloads.

The process of approval for student research projects underwent change as a result of review at Faculty level. The changes caused a more cumbersome approval process that extended the time from initial contact to the project ultimately being approved. The Team noted that students in particular feel that the process is not conducive to developing enthusiasm for research. In light of this, the Faculty Research Committee (FRC), in collaboration with the Department and the CQPA, is reviewing the process with a view to streamlining and shortening the time to ultimately produce the Masters dissertation.

Staff should be engaged in reading the literature, identifying and formulating their own research questions, submitting research proposals for ethics approval, collecting and analysing data, and writing up for publication. Increasing the number of staff will inevitably free up time for those wishing to conduct research of their own or in collaboration with colleagues.

4.7.1c Conclusion

DUT partially complies with standard 7



4.8 PROGRAMME EVALUATION

4.8.1 Mechanisms for programme evaluation

The institution/programme must establish a mechanism for programme evaluation that monitors the curriculum, quality of teaching, student progress and student outcomes, and ensures that concerns are identified and addressed.

4.8.1a Description

The university has an institution-wide programme evaluation system administered by the Centre for Quality promotion and Assurance (CQPA). The latest review of the Department took place in March 2012. The review was based on meetings together with a Self Evaluation Report (SER) prepared by the Department which was also sent to the CoA in lieu of the ECCE Self Study Report (SSR). The report identified good practice and risks against four criteria: (a) Programme Management and Coordination, (b) Programme Design, Delivery and Assessment, (c) Student Recruitment, Support and Success and (d) Postgraduate Provision. It made recommendations to the Department which will necessitate action at the Faculty and university levels.

Curriculum review and renewal due in 2014 have only included departmental staff, service department staff and members of Faculty.

There is an extensive system of monitoring and evaluation of the individual course units and staff performance. The concerns are addressed within the formal structures. The Department produces an annual quality monitoring report that is evaluated by the university.

External examiners and moderators are appointed and ratified by the university. They report to the Faculty.

4.8.1b Analysis

The lack of student representation in the early stages of curriculum review is unfortunate. It seems that the intention is to involve students once the structure and content has been agreed. Similarly, other stakeholders will not be approached until the later/final stages of renewal. The consequence of this appears to be that the programme may not take account of valid ideas to rationalise the programme in the interests of staff and students.

The responses of management to issues raised in monitoring and evaluation exercises are less thorough.

The new (2012) regulations for the appointment of external examiners are a problem for the Department. In a discipline taught in only two universities in South Africa where many of the professionals originate from DUT, and where higher degrees are still relatively rare, there are few other sources of independent external examiners. The Department was still searching for moderators and external examiners at the time of the evaluation, three weeks before the final examinations of the year.

4.8.1c Conclusion

DUT partially complies with standard 8.1



4.8.2 Faculty and student feedback

Both faculty and student feedback must be systematically sought, analysed and responded to so as to develop and improve the curriculum.

4.8.2a Description

There is a comprehensive system of student performance data which can be analysed in relation to the aims and objectives of the programme. Minutes of the June 2012 Faculty Examination Board contained an analysis of the marks obtained in one of the courses.

Evaluative feedback from students is elicited via questionnaires as a part of the annual quality monitoring system (AQM) and the quality cycle, - plan, act, review, improve. Reflection on the feedback received is encouraged, followed by action. Feedback also occurs in the departmental staff-student committee.

The institution has a range of quality assurance procedures which include external auditors from HEQC, the external examiner reports and information from stakeholders. These all should impact on the quality of service, teaching, learning and assessment.

4.8.2b Analysis

Faculty Examination Board takes an interest especially in abnormal marks profiles, seeking explanations before the marks are signed off.

Feedback from evaluations results in action at the departmental level although some students felt that the actions taken are not clearly conveyed to the student body. CQPA manage the process and are available to assist departments to develop and improve the curriculum. Because of the time demands made on the small number of chiropractic staff the Department has been unable to make the fullest use of CQPA and CELT.

4.8.2c Conclusion

DUT fully complies with standard 8.2



4.8.3 Student cohort performance

Student cohort performance must be analysed in relation to the curriculum and the aims and objectives of the programme.

4.8.3a Description

A departmental administered examinations board, comprised of the Teaching, Learning, Access and Undergraduate Committee (TLAUC), meets twice yearly and one of its roles is to assess student cohort performance in relation to the curriculum and the aims and objectives of the programme. Each semester the examinations board undertakes a review of subjects and learners at risk. The examinations board reports to the Faculty of Health Sciences, chaired by the Deputy Dean. Action is taken through the Department either with a departmental warning letter or a Faculty warning letter, specific to each case.

Throughout the year the newly implemented 'at-risk student programme' is running. Students at risk are identified as those not performing satisfactorily in one or more subjects. Students with poor performance in one subject are invited by the subject coordinator to discuss any issues affecting

performance in that subject. Students with poor performance in multiple subjects are called in to a meeting with the TLAUC programme representative to discuss the situation and determine a strategy to address any problems that exist.

4.8.3b Analysis


The Department has a thorough, systematic approach to the issue of monitoring student cohort performance. Checks and balances are in place through the TLAUC programme representative and Examination Board. The 'at-risk student programme' decreases the number of students identified by the examinations board each semester.

Review of written documentation demonstrates appropriate student progression at all levels of the programme apart from the 5th year. There is a culture of acceptance that students often finish in their 6th year and in many instances students are working into a 7th year of study in order to complete the requirements of the dissertation and clinic patient numbers.

By taking significantly longer than the intended 5 years to complete the chiropractic programme, it is causing a bottleneck effect for fulfilling clinical requirements in subsequent cohorts. This problem may be further exacerbated if there is an increase in student intake to the programme. It appears that a lack of hard end-points for completion of the research protocol combined with an apparent acceptance by students that the programme will take longer than the stipulated 5 years are partly the cause of this situation. As a 5-year programme every endeavour should be made for the majority of students to complete the academic and clinical requirements within the stipulated time period of 5 years.

The 'Tracker Programme' and 'Mentor Programme' mentioned in the 2009 report are no longer utilised.

4.8.3c Conclusion

DUT substantially complies with Standard 8.3. 

4.8.4 Involvement of stakeholders

Programme evaluation must involve the governance and administration of the institution, the faculty, staff and the students, and the outcomes communicated to a range of stakeholders.


4.8.4a Description

A range of stakeholders including SAQA, CHE, CQPA, the Standards Generating Body (SGB), AHPCSA and CASA provide input to programme evaluation. AHPCSA in concert with SAQA approve the training and clinical standards of the chiropractic programme. Outcomes of evaluations of the Department are reported for information to CASA at the AGM or Executive meetings, and as a mandatory requirement to AHPCSA. Both full-time and part-time members of staff are active on the CASA Executive.

4.8.4b Analysis

The excellent professional relationships between CASA, AHPCSA, the medical community and the programme staff are to be highly commended. The students have benefitted from these ongoing collaborations that are a source of pride to the profession and a superb advertisement for the programme and the Chiropractic profession in South Africa.

4.8.4c Conclusion

DUT fully complies with Standard 8.4. 

4.9 GOVERNANCE AND ADMINISTRATION

4.9.1 Governance

Governance and committee structures and functions of the chiropractic institution/programme must be defined, including their relationships within the university (as appropriate).

4.9.1a Description

The university possesses a full, integrated and hierarchical committee structure. The chiropractic programme is a part of the Department of Chiropractic and Somatology. It is part of the Faculty of Health Sciences. The roles and remit of the university committees are detailed in Handbook: Procedures and Guidelines 2012 published by the Centre for Quality Promotion and Assurance (CQPA). Responsibility for the management of the programme rests with the Head of Programme and the departmental management committee. The departmental committee also performs the role of a curriculum committee because of the small number of full time staff on the programme.

4.9.1b Analysis

The Handbook (see above) provides guidance on the linkages between the national milieu, the university and its departments.

With more full time staff it might become possible to separate the curriculum committee function from everyday departmental management.

4.9.1c Conclusion

DUT fully complies with standard 9.1



4.9.2 Academic leadership

The responsibilities of the academic head of the first qualification chiropractic programme, and of the academic management structures, must be clearly stated.

4.9.2a Description

Programme management resides under the umbrella of the Durban University of Technology. The academic leadership is provided at the level of Faculty by the Dean of Faculty and at departmental level by the Acting Head of Programme. Beyond, there is an upward extension of the chain of academic leadership to the Deputy Vice Chancellor, then to the Vice Chancellor and ultimately the Senate and subsequently the Ministry of Education.

The Acting Head of Programme has leadership responsibility for individual subject lecturers within the Department. The TLAUC representative provides good support for the Head of Programme. The roles and responsibilities of all parties in the chain of academic leadership are clearly defined in the university system.

4.9.2b Analysis

The academic responsibilities of the Acting Head of Programme and academic management structures are clearly defined and articulated within the Handbook: Procedures and Guidelines 2012 (CQPA). The performance of the Acting Head of Programme is reviewed annually by the Faculty but without the peer review element.

The programme has been required to function under internal changes in management after the restructuring of the roles within the Faculty and Department. The programme staff function in sometimes difficult circumstances as an enthusiastic and committed team and have succeeded in minimising the impact of this change, especially on the delivery of the academic programme. The Department is well respected at Faculty and institutional levels. There appears to be a need for formal induction and support for the position of Acting Head of Programme. The staff gave an impression of uncertainty concerning the Acting Head of Programme position in particular with respect to the short-term nature of the appointment.

4.9.2c Conclusion

DUT substantially complies with Standard 9.2. 

4.9.3 Educational budget and resource allocation

The institution/programme must have a clear line of responsibility and authority for the curriculum and its resourcing, including remuneration of teaching staff, in order to achieve the overall aims and objectives of the chiropractic programme.

4.9.3a Description


The Department has responsibility for the curriculum design and its resourcing. The Institution may, at times, dictate additional curricula requirements, external to the Chiropractic programme to fulfil Institutional educational aims. The Dean of Faculty may also make a faculty decision affecting elements of the programme.

The budget for the Department is allocated on an Institutional level, and then dispersed to the finance administrator at departmental level. Resources are allocated according to the departmental plan. The Head of Department is able to sign off expenses up to 1000ZAR. After this sum is reached, responsibility passes up the line of hierarchal responsibility. Capital bids and any increased need affecting the annual budget allocation at an Institutional level can be applied for the following academic year, through a bidding process or business plan submission to the Finance department. Published research subsidy finances are available to the individual researcher to allocate as required, however, the Institution receives 50% of this sum. The clinic income is split 80/20, with the Institute using the 20% for clinic overheads; the remainder is available for clinic investment. It is of interest to note that the Institution loses subsidies for each student who exceeds five years to graduate from the Chiropractic programme.

4.9.3b Analysis

There is a clear line of responsibility for the curriculum and its resourcing. There are occasional external pressures that need to be met, but generally these do not impede delivery of the programme. Finances are well managed at all levels throughout the Institution and Department. Finance commented that the Department has never gone over budget, although CQPA referred to the penalties that occur for failure to exit graduates within five years.

4.9.3c Conclusion

DUT fully complies with Standard 9.3 

4.9.4 Interaction with professional sector

The institution/programme must have a constructive interaction with the chiropractic and chiropractic-related (health-related) sectors of society and government.

4.9.4a Description

The programme has close relationships with both the Chiropractic Association of South Africa (CASA) and the statutory health body, Allied Health Professions Council of South Africa (AHPCSA). CASA invites students to register as student members for a nominal sum, which enables them to attend CASA regional meetings. CASA are invited to regularly meet with the students and have input where relevant to curriculum development. The programme has developed relationships with the local medical profession through the hospital Diagnostics III and IV visits in many of the local government hospitals.

4.9.4b Analysis

Excellent relationships exist between CASA, AHPCSA and the Department. Relationships with the wider medical community, through the hospital visits that form part of Diagnostics III and IV, and through treatment of medical students in the student clinic, are concrete and to be highly commended.

4.9.4c Conclusion

DUT fully complies with standard 4.9



4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1 of standards)

4.10.1a Description

The CQPA Handbook (see 9.1) provides an excellent structure for the continuous review and evaluation schematising the links between the student at the centre of the process to the Module, Programme Faculty and the University. The Department liaises with its external stakeholders and remains in touch with societies' needs in regard to musculoskeletal healthcare.

Recruitment policies have been adapted so that the current numbers reflect the current demographics of the country. Resources are being updated especially with the addition of the new clinic facility. Programme monitoring is effective. Teaching Staff continually introduce new knowledge, concepts and methods into their lectures.

4.10.1b Analysis

Although the procedures are in place at faculty and university levels, the Department appears to be reluctant to alter the curricular elements, instructional methods, assessment structures and principles in order to meet both the changing educational environment and the needs of the institution. At present not all chiropractic staff have the opportunity to include their own personal research in the programme because the time for research and reflection is minimal.

There has yet to be an adaptation of recruitment and staffing policy to suit the changing needs of the Chiropractic Department.

4.10.1c Conclusion

DUT substantially complies with standard 10



5. CONCLUSIONS

5.1 Summary

In conclusion, the Evaluation Team was impressed by the overall quality of the chiropractic education and training provided by the university. The following strengths, weaknesses and concerns are highlighted:

5.2 Strengths, Weaknesses and Concerns

For the purposes of this report the Evaluation Team adopted the following definitions from the Standards:

- **Strengths** – Areas that meet or exceed the *Standards* and are worthy of specific recognition.
- **Weaknesses** – Areas requiring specific attention and action by an institution.
- **Concerns** – Areas of substantial weakness/concern as to jeopardise the accreditation of an institution that require specific attention and action by the institution *as a matter of urgency*.

5.2.1 Strengths

- 5.2.1.1 The chiropractic teaching and administrative staff continues to function as an enthusiastic, and committed team often under challenging circumstances. The team sets itself high standards and is well respected throughout the institution.
- 5.2.1.2 The process of early identification and intervention for the at-risk student, by academic staff at a departmental level, is to be commended. The inter-departmental communication, and resources available in the ADA and Student Counselling Service, facilitate this process.
- 5.2.1.3 The anatomy facilities, resources, expertise, and their endeavours to horizontally integrate with the Chiropractic Department are exemplary, and provide the opportunity for students to learn at the highest level.
- 5.2.1.4 The opportunity to observe and examine patients (under supervision) in rounds at local hospitals significantly enhances the quality of the learning experience in diagnostic skills and other clinical areas.
- 5.2.1.5 There has been a significant capital investment to provide a modern, purpose built, clinic teaching facility for the Chiropractic Department that will provide an excellent environment for the clinical learning experience.
- 5.2.1.6 The admissions process has promoted a student demographic that more closely reflects the general population in South Africa. This will facilitate the exposure of diverse community groups to the chiropractic profession and thereby assist promotion and utilization of chiropractic.
- 5.2.1.7 The excellent professional relationships between CASA, AHPCSA, the medical community and the programme staff are to be highly commended. The students

have benefitted from these ongoing collaborations and are a source of pride to the profession and a superb advertisement for the programme and the Chiropractic profession in South Africa.

5.2.2 Weaknesses

- 5.2.2.1 Despite efforts to implement change there is still an excessive number of student contact hours that impedes the opportunity for students to gain the necessary reflective and self-directed learning skills to facilitate life-long learning.
- 5.2.2.2 Due to the teaching and administrative demands placed on the relatively low number of full-time chiropractic staff there is insufficient time for self-reflection, curriculum and personal development, and in particular, research activity.
- 5.2.2.3 The scope and framework of the coursework Masters dissertation is unclear resulting in the majority of students devoting excessive time and energy to the subject. As a result, rather than fostering an interest in research the onerous task of producing a Masters dissertation may instead discourage many students from engaging in further research.
- 5.2.2.4 There is a lack of a formal, reflective, evaluation process at Department level to assess management, teaching and administration staff performance. Such a review process encourages best practice and the formulation of both personal and departmental goals.
- 5.2.2.5 There are issues concerning completion of the required patient numbers in the final clinical training year, as well as the demands of an over-ambitious dissertation, resulting in a significant proportion of students extending in to a 6th and sometimes 7th year.

5.2.3 Concerns

There were none.

5.3 Acknowledgements

The Team wishes to extend its thanks to the university, Faculty and Department for the hospitality and courtesy afforded to it during the on-site visit.

Appendix 1 – Timetable

Time	Meeting with	Personnel DUT	Team members	2011 Standards	Comments / Questions
Mon					
09.00	Arrival	VC, DVC:Academic, Dean, International Affairs and HoD	All		
09.00-09.30	Private meeting of the Team	None	All		
9.30-10.00	Preliminary meeting with DUT Executive	VC, DVC, Dean and HoD	All		
10.00-11.30	Tour of facilities to include teaching facilities and library	HoD : Tour of the campus	All	6.1	Physics, Chemistry, Biology, Microbiology, BMS, Libraries, Biochemistry, Radiography, Computer laboratories, Clinic (for practical room)
11.30-12.30	Meeting with students (apart from clinic year students)	4 students from each year	All	4.1, 4.2, 4.3, 4.4, 6.1, 6.3, 8.2, 8.4	1 st years = 4 2 nd years = 4 3 rd years = 4 4 th years = 4 5 th years = 4 Class reps + 3 others
12.30	Lunch with Teaching Staff	Full time academic staff	All		
13.30-14.00	Private meeting of the Team to review institution's documentation	None	All		
14.00-15.00	Meeting with teaching faculty	Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including HoD	All	1, 2, 3 (with exception of 2.6), 5.2,6.1, 6.3	Full time academic staff All part time academic staff
15.00-15.30	BREAK				

15.30 -17.00	Meeting with teaching faculty	Teaching faculty to cover all areas of teaching (content, delivery and assessment) (excluding clinic teaching) including HoD	All	1, 2, 3 (with exception of 2.6), 5.2, 6.1, 6.3	Full time academic staff All part time academic staff
17.00-17.30	Private meeting of the Team		All		
Tuesday					
09.00-09.30	Private meeting of the Team	None			
9.30-10.30	Meeting with clinic year students	6-8 students	All	4.2, 4.3, 4.4, 8.2, 6.1, 6.3, 2.6 and 6.2	5th years = 4 6th years = 4 Class reps + 3 others
10.30-13.00	Tour of clinic facilities and formal meeting with Clinic teaching faculty	Key personnel	TR, TK and MB	2.6, 6.2	
10.30-11.00	Admissions	Admissions Team and HoD	DB/DdB	4.1, 4.2	
13.00-14.00	Lunch with students	As appropriate	All		
14.00-14.30	Governance and Finance	University Executive and Governors as appropriate		9.1, 9.3, 9.5	
14.30-15.30	Learning Resources including IT support	Head of learning resources, IT and key personnel	MB/TK	6.1 and 6.3	
14.30-15.30	Research	Key personnel	TR/DB	7	
15.30-17.30	Private meeting of Team	None	All		
Wednesday					
09.00	Arrive at DUT				
9.00-10.30	Quality Assurance	Key personnel	All	3.1,3.2, 8.1,8.2, 8.3, 8.4, 10	
10.30-11.00	Break				

11.00-12.30	Programme Management	Senior programme management including HoD	All	4.3, 4.4, 5.1, 5.2, 6.4, 9.2, 9.4	
12.30-13.30	Lunch with senior management		All		
14.30-15.30	Subsequent stages and professional sector		MB/TR/DdB	2.7, 9.4	
13.30-17.30	Private meeting of the Team		All		
Function with the CASA and AHPCSA representatives: Dr Engelbrecht, and Dr Korporaal					
Thursday					
09.00-17.00	Private meeting of team	None	All		
12.30-13.30	Lunch				
17.00 (or before by arrangement)	Feedback to institution	Key personnel as appropriate	All		
17.30	DEPART				
Function with the DUT Executive: , Mr Bass, Dr Korporaal.					
Friday					
Departure					